

## THE

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## ORIGINAL DEPARTMENT.

## Communications.

## DEATH;

Causes which produce its sudden occurrence in  
Pulmonary Tuberculosis.

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## II.—Perforation of the Pleura.

This is a frequent cause of sudden death in phthisis. It may occur at any period of the disease after softening of the tubercular deposits has taken place. And the symptoms which mark the accident are, with few exceptions, very pronounced. The patient may have mild, progressing symptoms of pulmonary tuberculosis, and there may be no signs of speedy dissolution, when very hastily we may be summoned to see our patient die. This was the case with G. D., a young and interesting patient of mine, who died with phthisis several years since. He had been suffering with very mild symptoms of the malady for about four months. The tubercular deposit was confined to a limited portion of the superior lobe of the right lung, and as he had no hereditary title to the disease, no marked tubercular diathesis, good digestion and excellent sanitary surroundings, I gave a favorable prognosis.

Imagine my disappointment, when only a few days afterward, I was suddenly called to see my patient die with a perforation of the pleura. When I entered his room he said he was suffocating. I was informed that about an hour before my visit, he had been suddenly seized with a sharp, cutting pain in the right side, which produced continual coughing and dyspnoea. His pulse was extremely small and weak, numbering one hundred and thirty per minute; skin cold and clammy; countenance pinched and expressive of great suffering. Percussion on the right side of the chest was much clearer than the left. Auscultation detected but the faintest respiratory murmurs of the right side; on the left they were much louder than natural. His dyspnoea gradu-

ally increased, his pulse became imperceptible, and after three hours of the most intense suffering he expired. This event occurred about four hours after the first symptom of perforation.

He had emaciated but very little. On making an incision into the right side of the chest, a large quantity of air escaped with considerable noise. The lung, at its superior part, was adherent to the pleura costalis by several small, white cords. Near the apex of the superior lobe of the lung, was situated a tubercular cavity, capable of containing about two ounces of fluid, this had discharged its contents into the cavity of the pleura, by a considerable perforation, not very far from the superior part of the sac. The walls of this cavity were rugged, a few bands of pulmonary tissue crossed it in various directions, and near its inferior part it was connected by a pervious opening, with a bronchial tube of considerable magnitude. The surrounding structure of the lung appeared healthy; not a single tubercle being found outside of the cavity. The middle and inferior lobes were congested, and somewhat denser than common, but otherwise presented no marks of disease. The pleura was slightly inflamed, and its cavity contained about four ounces of turbid sero-purulent fluid. The left lung was very much congested, but in other particulars healthy. The bronchial mucous membrane was somewhat redder than usual, but in other respects exhibited no signs of disease. The heart was healthy. The other organs were not examined.

This patient would in all probability have recovered from the tubercular malady if perforation of the pleura had not occurred. The tubercular lesion was limited; every vestige of the local deposit had been eliminated, and the cavity would, by judicious management, have healed in the course of time. His vital powers were suffering but little, and his strength had been improving up to the time of the fatal accident. It is not common for patients to succumb so rapidly as this one did, from a simple perforation of the pleura. The immediate entrance of the external air into the pleural cavity, by means of the bronchi that terminated in the vomica, caused the lung to collapse more rapidly than it would have done if there had been no passage for the external air. The sudden ingress of air into the pleural cavity,

was too great a shock for the system to endure. When a lung collapses from a gradual process of effusion, the shock to the system is not so great, and the danger of immediate dissolution is not so imminent.

### III.—Perforation of the Intestines.

Some writers on phthisis have doubted whether this lesion ever occurs in this disorder, as the result of tubercular deposits in the intestines. It is unquestionably of rare occurrence, and I have frequently conversed with physicians of extensive experience, who have never met with an instance of the kind. In my practice I never met with it but in one case. It was briefly described in my article on diarrhoea as a symptom of pulmonary tuberculosis, published in the MEDICAL AND SURGICAL REPORTER, Vol. VI., p. 287. In typhoid fever this is a common accident, causing the death of a large number of patients. Its occurrence is so sudden, and the suffering that it produces so great, that it speedily terminates the existence of the individual. The pain in the abdomen may at first be confined to a small space, but it soon extends over the entire belly, and is of the most agonizing character. The pain is generally accompanied by great tenderness on motion, or pressure upon the abdomen; tympanic distention; rapid, feeble, and thready pulse; extreme nausea and vomiting; pinched and cadaveric features; cold and clammy skin; and these symptoms are speedily followed by death.

M. LOUIS has recorded a case of perforation of the intestines that occurred during the progress of phthisis, the pathological anatomy of which is worthy of particular study. We will give our readers a brief description of it. The patient had suffered from pulmonary tuberculosis for about four months, when he was suddenly seized with acute pain in the abdomen, and after a few hours of suffering succumbed to his malady.

Limited tubercular lesions were found in both lungs, but the chief injury was in the intestines. On examining the smaller intestines, they were found rather larger than natural, offering externally many grey, bluish colored spots, and containing a large quantity of turbid, reddish, and moderately thick fluid. Dividing them into five equal parts, the mucous membrane was healthy in the first and last. In the remainder were numerous ulcerations, almost all situated parallel to the direction of the valvulae conniventes. The largest were in the centre of the intestines, intersecting the whole of its circumference, and leaving the muscular coat exposed. Two among them presented a superficies of from four to six inches; they were greyish-colored and rugged.

The muscular coat in the same point was three-quarters of a line thick, its fibres were more brittle and less flexible than natural.

Above and below this portion of the gut, ulcerations existed, (not completely encircling the intestines,) whose edges were thick, but whose centres were very thin, so that the muscular coat seemed cut obliquely. The bottom of several consisted of peritoneum, which was itself sometimes destroyed, and perforation had taken place in two spots. Round one of these perforations the serous membrane was of a livid red color, and for the space of four or five lines exceedingly thin, and in all respects resembling those that take place in acute disease. Around the other it was of a natural color and less attenuated, as if rather the result of tearing, than of any other cause.

The contents of the larger intestines were similar to those of the smaller. The muscular coat was denuded in the whole circumference of the caecum, and for about seven inches of the ascending colon. It was of a greyish color, with partial but inconsiderable loss of substance, and one line thick. Below this, even to the middle of the transverse colon, there were other very extensive ulcerations, exactly similar to the one described, leaving the intervening mucous membrane healthy. This last was pale and slightly softened in the descending colon and rectum. The greater part of the mesenteric glands were much increased in volume and transformed into tubercular matter. The other abdominal viscera were healthy. The cavity of the peritoneum contained a little limpid, reddish colored fluid, with a small quantity of pus.

This patient suffered with diarrhoea from the beginning, and at the time of his death he was very much emaciated and broken down with the profuse discharges from his bowels. What influence the perforations of the intestines may have had, in producing the sudden termination of the case, is a question. There had evidently been considerable peritonitis, although the appearance of that membrane is not described. This may have existed previous to the first symptoms of perforation. M. Louis is of the opinion that these perforations did not exist during life. That the death of the patient was caused by the number and extent of the ulcerations in both the smaller and larger intestines. But we have yet to learn, how small perforation of the intestines will cause the fatal termination of a case of chronic disease. In the case that I have recorded, the tubercular disease had made but little progress, the intestinal lesion was very small, and the effusion in the peritoneum was very trifling, yet the patient survived the event but a short time.

[To be continued.]

Notes on the  
"SOLDIERS' CHRONIC DIARRHEA."

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At the Mount Pleasant Hospital, Washington, D. C., under charge of CHARLES A. McCALL, M. D., U. S. A., there were treated during the last fall and winter months a very large number of cases of this disease, affording very favorable opportunities for its study. Many of the cases came from the prisons of Richmond, and exemplified the disease in its most fatal type. The mortality was very great, the number of deaths from chronic diarrhoea during one month (December, 1862,) equalling those from all other causes combined, gun-shot wounds alone excepted. The ratio of mortality is about twenty per cent.; those occurring in December, twenty-one deaths in one hundred and six cases. I believe that in no single instance has a patient recovered after being obliged to keep his bed from weakness. All ordinary agents for checking the discharge seem quite inadequate to cope with this type of diarrhoea. Vegetable astringents, as tannin, etc., with opium, are quite inefficient, producing only very temporary relief, if indeed any be afforded. In many cases tr. opii. and ol. ricini, alternating with a vegetable or mineral astringent, have seemed to do some good, and are here relied upon more than perhaps any other agents. Nitrate of silver and sulphate of copper, in small doses combined with opium, appear sometimes beneficial, as do also a combination of hyd. c. creta and pulv. doveri. But when the disease has reached its later stages, it becomes almost inevitably fatal; and if any remedies are at all beneficial, the relief afforded is exceedingly temporary, and the full virulence of the disease soon manifests itself.

A paper by Prof. CLARK, in a former number of the REPORTER, has drawn our attention more particularly to the pathology of the disease, and our favorable opportunities of studying it during life, and of making extended and repeated post-mortem examinations, enables us to present some points not noticed in Prof. CLARK's able paper. We will offer a few remarks, with special reference to the paper alluded to.

While the great emaciation and general exhaustion produced by long-sustained interference with the process of assimilation, and the consequent real "starvation" of the system, is familiar to every one, the decidedly *scorbutic* character which the disease often assumes does not appear to have excited general attention. That such, however, is really the case, seems indicated by several of the symptoms which may be noticed during the latter stages. The purporoid rash, which is so charac-

teristic of scurvy, is very apparent in many cases shortly before death, the irregular purplish patches covering various parts of the body. There is, moreover, tumefaction and tenderness of the fauces, causing pain on deglutition, this painful swelling being accompanied by a dusky erythematous suffusion of the parts. There indeed seems no good reason why these scorbutic indications should not appear. In true scurvy, the blood is starved of some one necessary ingredient; in this chronic diarrhoea the blood undergoes a process of gradual deprivation of all nutriment; that particular substance, the lack of which produces scurvy being of course included.

Another interesting fact in relation to this disease, is the sloughing of the cornea, which so often occurs in the later stages. Our observations, however, in this particular, differ from those of Prof. CLARK, who states that "the ulceration of the cornea was in every case below the line of the pupil, and did not affect the sight; there was opacity and a little pouting out, and a considerable redness." In one case sight was totally destroyed ten days before death. The first interference of vision was from effusion of blood; but it was soon totally destroyed by the *sloughing through* of the cornea, and consequent escape of the aqueous humor and collapse of the eye. In two other instances, sight was completely lost four or five days before death. Instead of the "pouting" above referred to, a flatness and loss of tissue was readily perceptible by a side view of the eye. The ulceration always began at the lower part of the cornea, at the junction of it with the sclerotica, as stated by Prof. CLARK.

Two cases, selected from the "Hospital Case Book," reported by J. P. WYER, M. D., will well illustrate this sloughing of the cornea, and also the scorbutic character of the symptoms of the latter stages above referred to. Both are typical cases, progressing slowly to a fatal issue, unaccompanied by perforating ulcers, death taking place, after extreme emaciation, and loss of vitality of lowly organized portions (*e. g.* the cornea, integument over prominent processes of bone, etc.) by a process of true *starvation*.

CASE I.—MOSES BURG, I, 49th Pa. Volunteers, admitted October 2, 1862; illness dated from August. Was for three weeks treated in a hospital tent; but by October 25, illness had become so severe that he was removed into a ward, to avoid all possibility of exposure to the vicissitudes of the weather, which so markedly affect patients suffering with this disease. From this period the evacuations decreased in number, averaging only three or four during the twenty-four hours; scanty in quantity; of a watery consistence; no blood; tongue dry, of a strawberry red; no sordes

upon it or upon the gums. Slight tenderness of abdomen on pressure; emaciation extreme; great prostration; anorexia. Complains of great thirst. Pulse averages about 80, soft, readily compressible under the finger.

November 20. An opaque spot observed on the right eye, near the juncture of the scleroteca and cornea; within, and at lower border of the latter. This white speck resembled much the ordinary deposit of lymph. It rapidly increased in size, extending in three days over more than half the cornea, and obscuring vision. As the opacity extended it seemed also to increase in density, the layers of the cornea apparently softening and undergoing disorganization. The vessels ramifying on the conjunctiva much enlarged, but there were no signs of active inflammation. Not the slightest pain accompanied the ulcerations. Two days after this appearance of the right eye, the left became similarly affected.

November 25. Is gradually failing. Pulse 75; one discharge; appetite better, but complains of great pain in stomach and bowels after eating. For the past day or two a slight purulent discharge has been noticed on right eye. Upon viewing the eye by a side view, the loss of tissue is very appreciable. The lower part of the cornea has sloughed away, so that the surface is not oval, but flat. Pulse in evening 65.

November 26. Same general condition, only one passage. Both cornea are sloughing rapidly.

November 27. Pulse 75. Appetite failing; much nausea, but no emesis. Sloughing of both cornea progressing; sounds of heart normal, but feeble: no murmurs audible.

November 29. Pulse 72. Complains of great distress after eating; is slightly delirious. An ulcer has formed over each malar bone. Tongue dry, red; skin dry, harsh.

November 30. Pulse 85. No passage during the night. Anterior chamber of right eye filled with blood—the haemorrhage from ulceration of the small vessels.

December 1. Complains of pain and soreness of fauces on deglutition. The parts are turgid, tender, with a dusky erythematous suffusion.

December 2. Pulse 82. Effused blood in the eye not absorbed. No evacuations, but constant and distressing desire to defecate. Tongue and fauces swollen and dry; thirst extreme. Right cornea appears almost or quite sloughed through.

December 4. General condition same; failing fast. Complete anorexia. A rash like purpura has appeared on various parts of the body.

This condition of things did not change much till December 6, when he died. Intellect good quite up to time of death, answered questions

rational; was quite blind after the first effusion of blood occurred.

**AUTOPSY.**—The large organs, the liver, spleen, and kidneys of normal size, but considerably congested, especially the latter, in which the cortical and medullary portions cannot be distinguished. Stomach small, contracted. The valvula conniventes excessively thickened and in spots softened. No ulcers in any portion of intestines. Descending colon contracted and thickened; mesenteric glands enlarged and irritated. Half of the cornea of the right eye sloughed away, allowing the escape of the aqueous humor and collapse of the eye.

**CASE II.—O. S. SHEPPARD, A, 6th Vermont;** attacked with diarrhoea August, 1862, since which time the disease has continued, producing excessive emaciation and debility. Appetite capricious; stomach irritable, rejecting the lightest food. Discharges average six or eight a day, of a watery consistence; passed with some pain. Desire to defecate urgent and frequent. Urine light-colored and abundant, but non-aluminous. Tongue usually dry, glossy, red. Complains of continual chilliness. Pulse weak and languid.

December 24. For several days has been rapidly failing; appetite almost gone, and emesis is becoming a serious symptom. The stomach rejects even stimulants. Small abscesses have formed on the face and neck. There is an erythematous blush on the right elbow joint; and the same diffused congestion is perceptible on the fauces. These are tumid, and cause pain on deglutition. These latter symptoms are evidently of a scorbutic character, and are well pronounced. On the right cornea is an opaque, cloudy segment, beyond a doubt the beginning of sloughing of the layers. Cornea of left eye covered with small ulcers of the ordinary kind; only slight conjunctivitis, and no pain. Pulse not perceptible at the wrist. Passes urine and faeces involuntarily. Nothing is retained on the stomach. Death same day, and, unfortunately, no autopsy could be made.

Up to a very few hours before death, the patients are usually quite rational, when roused to answer questions; but ordinarily there is complete hebetude of mind for several days before death; the patient lying with a relaxed position of body, perfectly quiet, the eyes half closed, the balls averted, the lips drawn apart by the risus sardonicus. They seem wholly unconscious of their suffering. Occasionally there is slight delirium; but it is never violent.

The vicissitudes of the weather, in a very marked degree, affect the patients. The Surgeon visiting his wards on a cold, wet day, after a week of sunshine, will often find those cases which have improved relapsed again; and the unimproved

suffering in an aggravated degree. The evils of indiscretion in diet have seemed more palpable than Prof. CLARK has found them. A single act of imprudence has been followed by a severe or fatal relapse.

As remarked by Prof. CLARK, ulcers in the small intestines are more frequently absent than present; while very numerous, small irregular ulcers are usually found scattered pretty thickly over any part, or the whole, of the large intestines. If there be any ulcers in the small intestines, they will be found most likely in the lower portion of the ileum, near the cæcum. These ulcers do not affect by preference Peyer's patches, but make their appearance any where on the mucous membrane. The mucous and muscular coats are often involved; very rarely the peritoneal; for the ulcers are so indolent, that the patient usually dies before a perforation can occur. The lower part of the ilium is sometimes found almost gangrenoid in appearance; dark greenish-black in color, mottled with patches of dull reddish, and minute spots of bright, florid red. In these cases, ulcers are usually to be found; the mucous membrane is in a state of more advanced disintegration; and a perforation is quite likely to occur. In other cases, quite as severe as those in which the above state of things is found, there is no reddening or gangrenous color of the intestines, nor do ulcers exist any where. The whole effect of the disease has been expended in thickening, contracting, and softening the walls of the canal. The large intestines are often no larger than are the small; and the latter feel under the fingers like small fibrous cords. Their color remains natural. On slitting up a piece of gut in this condition, the thickening of the walls is seen to be excessive. The mucous membrane is greatly tumeled and softened, the valvulae conniventes appearing like heavy, soft cords around the intestine; still the color of the mucous membrane remains natural; nor is there any active inflammation or disintegration. This excessive thickening and softening of the gut seems in inverse ratio to the amount of ulceration or disintegration.

In one fatal case of chronic diarrhoea, there were found two well-marked *intussusceptions* within a foot or so of each other, on the jejunum. The invagination in one of them amounted to two inches, in the other to one and a half. Both were evidently of long standing, from the contracted diameter of the contained, and the enlarged calibre of the containing portions. The invagination did not in the least obstruct the passage of the liquid faeces; nor was there any sign whereby to diagnose their existence during life, except some pain over the affected part.

The kidneys, as stated by Prof. CLARK, are

nearly always larger than natural, and light colored. Ordinarily they present some fatty or granular degeneration, the cortical and medullary portions being scarcely contra-distinguishable; more rarely they are found quite healthy in appearance.

The co-existence of this disease with *morbus Brightii* seems to have been pretty clearly established; but that it is the cause of the latter, in those cases in which the two co-exist, is not so evident. While it seems very probable that the *spanœmia* and general cachexia brought about by the diarrhoea, may be the exciting cause of the degeneration of the kidneys. It is quite rational to suppose that when Bright's disease exists in an otherwise healthy man, it may be a powerful predisposing cause of an attack of chronic diarrhoea; the exciting cause being exposure, imprudence in diet, etc., which perhaps would not have been sufficient to produce the disease had not the kidney affection pre-existed. On this supposition, the action of Bright's disease in producing diarrhoea would be much the same as that of phthisis, or other constitutional cachexia.

## EDITORIAL DEPARTMENT.

### Periscope.

#### FOREIGN.

##### On the Dignity of Ancient Pharmacy.

The following very interesting article on ancient pharmacy and the practice of medicine is by M. DONOVAN, M. R. I. A., Hon. Member of the Philadelphia College of Pharmacy. We copy from the *Dublin Medical Press*.

"As the discovery of direct remedies for derangements of health would be the natural object of research amongst those who, in the infancy of society, interested themselves in the relief of human suffering, so' pharmacy would be cultivated long before the slower process of investigating the nature of diseases, or distinguishing them.

"Pharmacy is, therefore, the most ancient branch of the medical art. Were a proof required of the dignified position which it occupied in the early ages of the world, it would be found in the preservation of its records from remote antiquity; for its benefits were universal, and all mankind were interested in their perpetuation.

"There are many historical proofs of the honor in which pharmacy was held; not only did the physicians of emperors invent and compound medicines, but emperors themselves; princesses addicted themselves to the same pursuits; nay, we find prophets and apostles occupied in compounding formulæ. A few of the more remarkable instances will sufficiently establish this point.

"The Emperor Aurelius, on the death of Demetrius, appointed Galen to be the compounder of the celebrated Theriaca. Galen was held in the highest estimation by the Emperor; and the appointment was a token of his friendship; for so much venerated was the art which produced a medicine of such

extraordinary, or, as it might well be said, extravagant virtues as it was supposed to possess, that none were raised to the office of compounder but physicians of the highest reputation.

"Avicenna was physician to the Sultan of Bokhara, and also his grand vizier; he was the companion of princes and nobles, the first physician of his day, and the great Leviathan of philosophy in the universities of Europe. There is evidence that he compounded with his own hands.

"Menecrates, physician to Tiberius, invented and prepared the celebrated diachylon—a plaster which has preserved an undiminished reputation for eighteen centuries, and will probably continue to do so for as many more.

"Dioscorides of Anazarba, the great authority for *materia medica* for ages, was physician to Nero, or, as some think, to Anthony and Cleopatra. Antonius Musa, of celebrity inferior to few, was physician to Augustus, from which prince he received honors and many proofs of friendship, in return for his having saved his life in a dangerous disease. Pliny says the disease was inflammation of the bowels, but Suetonius calls it a disease of the liver. His practice is worth mentioning in this case. This celebrated physician prescribed lettuces, cold baths, and cold drinks!

"Menecrates of Syracuse, the physician, friend, and intimate of Philip of Macedon, not content with the highest honors that could be conferred upon him by his patron, assumed to himself the style and dignity of a god. He named himself Jupiter Menecrates, and appeared in public attended by an Apollo and an *Aesculapius* of his own creation. Philip, however, brought him to his senses by inviting him to a feast, where, while the other guests were enjoying the delicacies of the table, this new Jupiter was regaled with incense and perfumes at a side table. The god understood the hint, did not like the jest, and retired in confusion.

"Democedes of Crotona, was the intimate friend and constant guest of Darius the Great, and such were his talents that, from being an obscure person of indigent circumstances, he rose to the highest rank, and was the founder of the reputation of the medical faculty of Crotona. His history is curious, and a sketch of it will illustrate the treatment which medical practitioners sometimes experienced at the hands of power. The facts are related by Herodotus.

"Democedes when young was compelled by the irritable temper of his father to leave his home and seek his fortune. He settled at *Aegina*, but was so poor as to be unable to procure the instruments necessary for his profession; yet such was his skill, and so great the character which resulted from it, that his income for the fourth year amounted in our money to nearly £1,000. Polycrates, usurper of Samos, became his patron and retained him as his physician; but Polycrates, becoming an object of the unjust anger of Oretes, governor of Sardis, was barbarously crucified by him, and Oretes detained Democedes and others as slaves. Darius, disgusted at the crimes of Oretes, caused him to be assassinated, and all his treasures and slaves, amongst whom was Democedes, to be brought to his capital. Darius one day, in the act of alighting from his horse after hunting, chanced to overstrain his ankle, and having some Egyptian physicians about him on whom he placed great reliance, he put himself under their care. These, however, according to the practice of their country, used rough measures with the limb, and twisted it about in such a manner as greatly to aggravate the injury. On the eighth day, the monarch having passed a restless night, and being in great pain, commanded Democedes to be brought before him, for he had been informed of his skill. The latter, found amongst the slaves, was led forward in his rags and fetters. He at first denied his skill, fearing that to avow it might cause his further detention. But Darius was not to be trifled with, and he ordered the doctor's faculties to be

cleared by the application of whips and goads, the very naming of which induced Democedes to confess himself not quite so ignorant. In fine, by the application of mild remedies, according to the Grecian practice, which was in this instance opposed to that of Egypt, the ill effects of the previous violent measures subsided, and a complete cure was effected. As a reward for his services, he received from each of the wives of Darius a goblet full of gold pieces. He soon became possessed of a spacious house, lived in splendor, and was a constant guest at the king's table; but the Egyptian physicians were not forgotten: their ignorance excited the wrath of the monarch, and for the crime of being excelled in skill by a Greek, Darius was about to spit them on stakes of wood—a sentence which would certainly have been executed but for the intercession of Democedes, who at length procured their pardon. A short time after, he proved equally successful with Atossa, the wife of Darius, who had a tumor in the breast, and having cured her, she aided him in a stratagem, and he escaped to his native city, *Crotona*, where he founded a school of medicine. Owing to the great talents of its founder, this school soon acquired a high character, and shed its lustre on the whole profession at *Crotona*, the physicians of which were at length considered throughout all Greece the most eminent of the faculty.

"The crowned heads of antiquity personally devoted much of their attention to pharmacy, and contributed not a little to its *éclat*. A prince who had the welfare of his subjects at heart, could not do better than encourage by precept and example the improvement of an art than which none ranks higher in point of utility to mankind.

"We are informed in Scripture, that King Solomon was celebrated for his knowledge of natural history. He spoke parables about beasts, birds, fishes, and trees, from the cedar to the hyssop that springs from the wall; of course their medicinal properties were the chief object of his study. When the celebrated Alexandrian Library was burnt during the siege of the city by Julius Caesar, it is said that Solomon's 'History of Plants' fell a sacrifice to the flames, along with some fragments on magic. There is evidence that even before Solomon's time some of our most powerful and useful medicines were known, and their application in certain instances well understood. There is on record a prescription of those times, which is the earliest in the medical annals of the world, being three thousand years old. If we can rely on the testimony of Nicolaus Alexandrinus, who lived perhaps one thousand six hundred years ago, this prescription was compounded by no less a person than King David. From the little that can be collected on the subject, it would appear that the King had a consultation of physicians, and that they compounded for him a formula consisting of opium, aloes, saffron, lignum aloes, myrrh, and various spices, made into an electuary with honey. Amongst its enumerated virtues, we find it relieves melancholy—a state of mind under which the royal psalmist seems in no small degree to have labored at times, and it is probable that nothing more effectual for procuring temporary relief could be produced in the present day than this most ancient prescription.

"King Antiochus favored the world with the invention of a supposed antidote to all sorts of poisons; for the despotic monarchs of antiquity seemed to have lived in constant apprehension of the infusion of some mortal dose into their food. It consisted of some seeds and herbs, and instead of possessing the power of counteracting poisons, it could scarcely have had any medical virtue of any kind. Absurd as its pretensions were, such was its attributed value that the prescription was engraved on stone at the entrance or most conspicuous part of the temple of *Aesculapius*. Antiochus prescribed it for his son, to whom he was exceedingly attached.

[To be continued.]

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 8, 1863.

## THE SICKLY SEASON.

The trying season to our armies in the field, and especially to those in the far South, is upon us. If there are no epidemics this year there is every reason to anticipate that there will be less sickness this year than there was last, as our armies are weeded of much of the unsound material they contained, and the men who remain have become somewhat acclimated. It will be remembered, that with the exception of a few cases of yellow fever at Key West, Florida, and at Port Royal, the posts occupied by our troops on the Southern seaboard, were unusually healthy last year. Not a case of yellow fever, we believe, was reported from New Orleans—a very unusual circumstance. This was no doubt in great part attributable to the sanitary measures adopted by General BUTLER, then in command at that point. Whether these posts will be as exempt from disease this year remains to be seen, and much will no doubt depend on the sanitary precautions taken by the generals in command at the different military stations.

That there is some reason to fear epidemics of yellow fever this year is to be inferred from the fact, that the disease is prevailing at some of the West India ports, and that a number of cases have arrived at quarantine in New York, enough to excite considerable apprehension. We see it stated also, that sickness is greatly on the increase at Vicksburg, Miss., and that the disease is a "malignant congestive fever of a typhoid type."

One thing which may be regarded as rather favorable than otherwise for the health of the troops, is the fact, that in nearly all the departments, particularly in the more unhealthy locations, there is just now great activity. Activity, with judicious sanitary precautions, will prove the best prophylactic against sickness.

## THE UNITED STATES PHARMACOPEIA.

We are happy to announce to our readers that the spell of the Pharmacopeias is broken by the appearance of the revised United States Pharmacopeia. For two or three years past the Pharma-

copæias of Great Britain and this country have been in process of revision. Some disagreement about weights and measures seems to have been the trouble in Great Britain. What it was here, we could never exactly make out, but suppose it was in some way connected with the disturbed condition of the country.

Considerable improvements have been made in this edition, which will be noticed more at length hereafter, our object now being simply to announce the appearance of the work, which we know has been anxiously looked for by many of our readers.

We trust that the appearance of the Pharmacopeia will be followed by the speedy publication of a new and revised edition of the United States Dispensatory, which is much needed.

We are glad to learn that a new edition of PARISH's Pharmacy, which has been awaiting the appearance of the Pharmacopeia will be soon issued.

All the above are exceedingly valuable works, particularly to the country practitioner, and should be found on the office table of every physician.

## DR. LEHLBACH.

We are pleased to learn that Dr. C. F. J. LEHLBACH, formerly associated with us as assistant editor of this Journal, is Assistant-Surgeon of the Seventh New Jersey volunteers. In view of Dr. LEHLBACH's learning and ability we shall expect to hear of his rapid advancement.

## Notes and Comments.

## Yale College, New Haven.

This ancient institution held its Commencement on the 30th ult. The following graduated in the Medical Department:

*Connecticut.*—ALBERT G. BROWNING, Woodstock; HENRY S. CORNWELL, New London; MARCUS B. FISK, Stafford; NEWTON B. HALL, Branford; THOMAS M. HILLS, New Haven; CYRUS E. HUMISTON, Cheshire; WM. C. MINOR, New Haven; WM. B. NORTH, New Britain; FREDERICK S. TREADWAY, New Haven; FRANK B. TUTTLE, Naugatuck.

*New York.*—JUDSON B. ANDREWS, Mechanicsville; CHARLES J. TENNANT, Franklin.

*Massachusetts.*—CHARLES G. G. MERRILL, Newburyport.

**American Dental Association.**

The American Dental Association held its annual meeting in this city last week. There was a large attendance, and the proceedings were full of interest to Dentists. The meeting was called to order by the President, Dr. WATT, of Ohio. The following were elected officers for the ensuing year: President, WM. H. ALLEN, of New York; Vice Presidents, J. H. MCQUILLEN, of Philadelphia, and WM. B. HURD, of Brooklyn; Recording Secretary, J. TAFT, of Cincinnati; Corresponding Secretary, C. R. BUTLER, of Cleveland, Ohio; Treasurer, A. C. HAWES, of New York.

An invitation was extended to the medical profession in the city to be present at the sessions of the Association.

The report of the Publication Committee was presented by Dr. TAFT, of Cincinnati. The report, as presented, was received.

Dr. ATKINSON, of New York, from the Committee on Dental Physiology, presented a valuable paper, which elicited a good deal of discussion.

The same gentleman made a report from the Committee on Dental Pathology and Surgery, which was well received. Both were referred to the Committee of Publication.

Niagara Falls was selected as the next place of meeting.

The following committees were then appointed:

*Committee of Arrangements.*—Drs. S. B. Palmer, P. Harris, S. P. Martin.

*Committee on Publications.*—Drs. J. Taft, W. A. Pease, C. W. Spaulding, H. R. Smith, H. A. Smith.

*Prize Essays.*—Drs. S. Dillingham, G. T. Barker, G. W. Ellis, A. C. Hawes, W. B. Hand.

*Dental Physiology.*—Drs. C. A. Kingsbury, J. H. McQuillen, C. N. Pierce.

*Dental Chemistry.*—Drs. Geo. Watt, T. L. Buckingham, H. A. Smith.

*Dental Pathology and Surgery.*—Drs. W. H. Atkinson, Foster Flagg, J. L. Suesserott, C. R. Butler, C. P. Fitch.

*Mechanical Dentistry.*—Drs. Thomas Wardell, J. G. Cameron, A. W. Allen, S. G. Martin, E. M. Skinner.

*Dental Education.*—J. H. McQuillen, J. Taft, H. R. Smith.

*Dental Literature.*—Dr. C. P. Fitch, J. F. Johnston, W. H. Allen.

The report of the Committee on Dental Literature was then presented by Dr. J. H. MCQUILLEN. One of the principal features of this report was the advancement of a pure dental literature. It was referred to the Committee of Publication.

The report of the Committee on Dental Education was read by Dr. ELLIS, of this city. Other papers were read by Drs. FLAGG and FITCH, bearing on this subject. The papers, as read, were all referred to the Committee of Publication.

Papers on the following subjects were also read and referred to the Committee of Publication: On "Extraction of the Teeth," by Dr. ELLIS; on "Irregularity," by Dr. ALLEN; on "Exposed Pulp and

"Alveolar Abscess," by Dr. HAWES; on "Dental Institutes," by Dr. ATKINSON, and a paper on Dental Instruments, by Dr. Palmer.

Dr. HAWES offered the following resolution, through Dr. FLAGG, of this city:

*Resolved.* That in our deliberate judgments the frequent and indiscriminate extraction of teeth for trifling, temporary and often wholly unnecessary causes, which has so long and so extensively prevailed, should not only be held perfectly inexcusable, but should be severely censured, and that an intelligent and patient remedial treatment for their restoration from disease and permanent preservation should be the first and highest aim and effort of our profession, and should also be most earnestly explained and recommended to the public. *And, further,* that in our belief, the progress of dentistry at the present day, has revealed resources varied and ample enough, when timely used, for the preservation of almost every tooth, so that the decay and extinction shall only be simultaneous with that of the human frame itself.

Dr. MCQUILLEN offered the following:

*Resolved.* That a committee of five be appointed by this association, to confer with Surgeon-General HAMMOND, relative to the appointment of dentists to the military hospitals of the United States, and also to secure, if possible, prompt and efficient action on the part of Congress by having petitions prepared, signed and sent to that body from all parts of the country in favor of the measure.

The resolution was passed unanimously and Drs. MCQUILLEN, SPAULDING, TAFT, FITCH and WADSWORTH were appointed the Committee.

After the transaction of much other business, the Convention adjourned on the fourth day, to meet next year at Niagara Falls.

**Surgeons and Assistant-Surgeons Wanted.**

We would call the attention of physicians to a notice in our advertising columns, calling for Surgeons and Assistant-Surgeons for colored regiments. The demand for these is likely to be great, as many regiments of colored troops are in course of formation.

We transfer this advertisement to our columns from a newspaper, as we suppose the Surgeon-General desires to have it meet the eye of physicians, and, certainly the best medium for reaching the profession is through the medical journals.

**A Mistaken Course.**

The following extract from the editorial columns of our cotemporary, the *American Medical Times*, would indicate that its course in defence of the calomel and tartar-emetic edict of the Surgeon-General does not meet with the approbation of its subscribers. No amount of patronage from the Surgeon-General's office will compensate the *Times* for loss of independence:

"We would remind those correspondents who so frequently write 'private' or 'confidential' letters, approving or condemning the course of the *Medical Times* on various questions, that it is their duty to put their opinions in proper form for publication, and give them to the profession. A portion of this Journal is especially devoted to

the discussion of miscellaneous medical subjects, current topics, etc., and it is the duty of every one who desires to advance his profession to contribute his influence through this channel. We are always grateful for advice honestly given as to the course this Journal should pursue, but we would much prefer that every medical man should advocate his own views. To give the greatest possible inducement to persons who do not wish to have their names appear in connection with special subjects, we are willing to withhold the names."

## Correspondence.

### DOMESTIC.

#### ABSCESS OF THE BRAIN.

PHILADELPHIA, PA. {  
July, 1863. }

EDITOR MED. AND SURG. REPORTER:—I was called on April the 8th, 1863, to attend STANLEY S., aged seven years; temperament bilious; has enjoyed good health until about nine months ago, when he had scarlatina of the simple type, from which his recovery appeared to be perfect.

A few days ago his mother discovered a tumefaction on the anterior portion of the temporal bone, on the left side, extending from its superior portion to the superciliary process of the os frontis. This tumefaction continued to increase until the 25th day of April, when distinct fluctuation being very evident, my friend, Dr. S. R. MORRIS, at my request, lanced it. To reach its contents, it was necessary to penetrate the periosteum, the pus being confined between it and the bone. About one ounce of pure pus escaped from this opening; after the evacuation of which, we introduced a tent, withdrawing and replacing it twice a day for the space of a week. This treatment we continued for eleven days, when there being no longer any escape of pus, we allowed the opening to heal. Treatment: nourishing diet and as an alterative,

R. Liq. ferri iodidi, gtt. ij.

Sig: Ter in die.

The patient now began again to engage in the ordinary pursuits of childhood, which he appeared to enjoy with a keen relish, being naturally of a lively and active disposition.

This favorable state continued until the 8th of May, when Dr. MORRIS and myself were summoned in haste to attend our little patient. We found him in strong convulsions which had continued from five o'clock in the morning until nine o'clock, when we first saw him. On examining the seat of the recent tumor, we found very slight tumefaction. Upon introducing the lancet, a few drops of blood and pus escaped, and with its exit, the convulsions immediately terminated, and our little patient turned upon his right side and fell into a perfectly natural sleep. From this time until the 24th of May he appeared steadily to improve, when we discontinued our visits.

On June the 30th, we were again summoned to see him, and saw him at nine o'clock, A. M. He was completely comatose, pupils very much dilated, and insensible to the influence of the strongest light; he appeared to be insensible to outward impressions; you might grasp the flesh with considerable firmness, and there appeared to be no consciousness of the pressure. Pulse, labored, slow, and intermittent, about forty-five per minute. Prognosis being most unfavorable, we informed his relatives that we had scarcely a hope of his recovery.

He died at eleven o'clock, same day of attack, without a struggle, as tranquilly as if passing into a calm slumber. An hour before death, for a few moments, consciousness returned, and he remarked to his mother that he knew her, but immediately relapsed into comatose state.

Autopsy thirty-six hours after death, made by Dr. S. R. MORRIS. On removing the skull cap, the dura mater was found highly congested, slightly adhering to the surface of the arachnoid, the convolutions not presenting the rounded appearance natural to a normal condition. In cutting down the middle of the brain to the ventricle, the longitudinal sinus was found filled with water, the left half of the brain rather softened. Two-thirds of the left half of the cerebellum were completely converted into pus, following the fissure of the petrous portion of the temporal bone, extending downward to the medulla oblongata.

On removing the dura mater, the bone throughout its whole extent, where covered by the abscess, exhibited the appearance of rough, sharp sand-paper, and in places the bone had the appearance of having been partially absorbed. The amount of pus collected was eight ounces, of a perfectly healthy character.

No cerebral disturbance was complained of within five hours of the comatose state, excepting a slight headache, referred to the forehead. The day before death, the patient was playing with his little sister, pursuing her through the rooms.

The rarity of these cases may be inferred from the experience of the Marylebone Infirmary, where only three examples occurred out of many hundreds of examinations of cerebral complications made at the Infirmary during the space of six years.

C. S. BAKER, M. D.

#### CALOMEL AND TARTAR EMETIC IN THE ARMY.

[The following letter from Dr. Z. PITCHER, of Detroit, to the Editor of the *American Medical Times* is another indication of professional feeling on the order of the Surgeon-General striking two most important remedies from the supply table of the army. Dr. PITCHER is an old Army Surgeon, and has a right to speak on any subject involving the sanitary interests of the army. His present standing in the profession, too, is high. He is an Ex-President of

the American Medical Association, which, it will be remembered, explicitly condemned the order. Dr. PITCHER's remarks in reference to outside influences over the Medical Bureau are, we have reason to believe, well founded, and we would call special attention to them.]

"Participating in that national sensibility which causes Americans to shrink from the touch of anything that may tarnish our national escutcheon, I was wounded by the circular of the Surgeon-General, dated May 4, 1863, which directed calomel and tartar emetic to be 'struck' from the medical supply table of the army; and this the more deeply, because, from the official eminence of its source, it might be regarded on the other hemisphere as a proof of our professional retrogression. When contemplated from another point of view, whence it may be looked at as an evidence of our individual and national imbecility, as shown in the readiness with which we bend to every breeze of fanaticism, whether freighted with medical or political heresy, it is then sufficiently humiliating, and should be met with a rebuke from every conservative member of the profession.

"The efforts of the *American Medical Times* to justify this act, and to sustain and sanctify this error by its influence over its readers, have induced me to make this reply, not more to the circular than to the remarks of its editor in vindication of it.

"I can find excuses for the action of this officer in the fact that he has seen but little of military service, and knows but little from personal observation of the diseases of soldiers; and also in the influence imputed to the National Sanitary Commission over the Chief of the Medical Bureau, to the head of which commission, he being clothed with a sacerdotal pallium, we may, perhaps, justly impute a full share in the introduction of this species of medical fanaticism into the army of the United States.

"For the gentleman who made a speech in defence of the circular before the *American Medical Association* at Chicago, an apology may be framed on the supposition that it was for his interest to do so. The official relation of the parties renders such a supposition quite probable, and would, in other courts, impeach his testimony.

"Whilst in my own mind I can satisfactorily account for the action of the Surgeon-General, and apologize for the indiscretion of his friend in the Medical Association, I am entirely at a loss for an explanation of the course pursued by the editor of the *American Medical Times*, in bringing the influence of a journal heretofore aiming to be the exponent of the medical opinion of the country to the defence of an act offensive to that profession and insulting to the medical staff of the army. One reason given by the Surgeon-General for the erasure of calomel and tartar emetic from the army medical supply table, viz., that it was done in consequence of the teachings of 'modern pathology,' may deceive the readers of 'Physiological Essays,' but cannot mislead the students of historic medicine, who know how much

therapeutics are indebted to empiricism, in its ancient signification, for the introduction of many important articles into the *materia medica* prior to the time of *GALEN*, and who are also aware that the usages of that sect who tested the utility of remedies by experimentation still furnish the means by which judgments are formed of their claims to a position in our works on therapeutics.

"The other reason, judging from its position the first in importance in the estimation of the Surgeon-General, rests upon reports of the Sanitary Inspectors, who have assumed that certain forms of humid gangrene seen among the troops in the United States service are the effects of the administration of mercury; and from thence the conclusion is arrived at, that the evils consequent upon its use more than counterbalance the good to be attained by its further toleration as a remedy, wherefore it is 'struck' from the supply table of the medical department of the army. That neither of the parties advocating the enforcement of the order excluding calomel from the army hospitals should have uttered a doubt as to the nature or the cause of the gangrene alluded to, is a painfully significant fact, showing either ignorance of the medical history of the country or a disposition to stifle its teaching.

"If the facts assumed by the Surgeon-General to be true are not to be called in question, they only prove what all right-minded people admit, the predominance of evil in this world everywhere. All intelligent members of the medical profession know that the mischiefs done in the name of medicine outweigh the good it has accomplished. And what we admit to be true of medicine, we believe to be also true of law and divinity; but no sane person would on that account for one moment think that doctors, lawyers, and clergymen, should be expelled from civil society, any more than intelligent practical physicians would advocate the expunction of the name of a medical agent of recognized utility from the supply table of a hospital, because it had been converted in the hands of ignorance into an instrument of destruction.

"A very important question, pertinent to this discussion, seems not to have been asked, but if so, has not been answered; and that is: Have the cases of gangrene reported to the Medical Bureau been caused by the use of mercury, or the insalubrity of the season, or of the particular locality where they have occurred?

"More than thirty years ago, whilst on duty at a military outpost, I had opportunities of seeing cases of humid gangrene, such as have been described under the names of gangrenous erosion of the cheeks, gangrenopsis, and by that acutest of observers, the late Dr. PARRISH, of Philadelphia, as a 'disease resembling the effects of mercury.' This disease was recognized as the product of malaria, and was especially familiar to the physicians residing at Natchez, on the Mississippi. Cases of this kind occurred in 1836 and 1839 as far north as Detroit; since when, owing to a notable change in the diathesis of epi-

demic disease, none have been seen of which I have any knowledge north of the Ohio river. So far from having been caused by the misuse of calomel, it was most successfully treated by heroic doses of this ostracised article.

"I think it now quite reasonable to suppose that the approach of a similar morbid cycle co-operating with the exposures of a hazardous service may have brought back the long lost cases of gangrenous erosion of the cheek. One reason for such a belief is derived from the condition of the sick found in the hospitals at Evansville, Ind., Paducah, Ken., Mound City and Cairo, Ill., and Memphis, Tenn., where I saw in February last instead of the destructive marks of excessive mercurialization, what I considered evidences of too cautious a use of mercurials in the early stages of the diarrhoeas associated with or dependent upon hepatic torpor."

## News and Miscellany.

### Weekly Report of the Army Hospitals in Philadelphia.

The following is the weekly report of the army hospitals in this city and vicinity, ending on Saturday, August 1st. The reports from the different institutions are handed in at the close of each week to Dr. EBRA SWIFT, Medical Director, by whom they are transferred to the Surgeon-General:

HOSPITALS.	No. of beds vacant.	Tot. No. beds for patients.	No. admitted.	No. returned.	No. deceased.	No. remaining.
Vine street.....	47	200	5	.....	.....	153
Chester.....	.....	99	.....	39	1185	.....
Nicetown.....	48	1080	18	.....	5	1032
Summit House.....	11	550	4	10	3	53
Chestnut Hill.....	570	3100	109	6	10	3 2530
Germantown.....	50	685	4	.....	.....	688
West Philadelphia.....	263	3932	3	115	9	3 3670
Turner's Lane.....	14	27	11	.....	.....	279
Christian Street.....	.....	2 9	14	1	.....	254
South Street.....	14	25	10	4	1	239
Islington Lane.....	53	60	.....	1	.....	7
Filbert Street.....	195	430	1	3	4	235
Camac's Woods.....	16	49	6	2	.....	37
Broad street.....	27	700	6	.....	8	673
Broad and Prime.....	183	250	2	.....	.....	67

### Sanitary Condition of Vicksburg.

A correspondent writing from Vicksburg, under date of July 27, says:

Proper steps have been taken to improve the sanitary condition of the city. Dr. KITTO, on Gen. SHERMAN's staff, has been appointed Health Officer, and Capt. TRESILIAN, Engineer of Gen. LOGAN's staff, is to survey the city and direct the work of removing everything offensive. The city is divided into eight Districts, each one in charge of a commanding officer. Each officer is furnished with a map of his District, and two prominent citizens (formerly Aldermen) act as guides within their respective Districts. The District Officers take the names of each person present, with the location of the houses, in blocks and streets, and compel the occupants to clear up all around their premises daily. Forty teams and three hundred negroes haul off the rubbish to the river. Fifteen

hundred barrels of lime are ordered to sprinkle the drains, sinks, sewers and water-tables daily. In ten days the city will be perfectly clean.

### Surgeons for Colored Volunteers.

Dr. JOHN N. LYMAN has been commissioned Surgeon of the Third regiment of Colored Volunteers. Ten Surgeons and Assistant Surgeons are yet wanted to fill vacancies in the colored regiments.

### Tetanus Treated Successfully by Immersion.

At a meeting of the United States Army Medical and Surgical Society of Baltimore, Surgeon C. C. COX reported a case treated successfully by immersion in the river. A large, muscular, colored man had fallen into the fire. The burn extended over the whole of one side of the neck and corresponding arm. He was brought forty miles to be put under the care of Dr. COX. Dr. C. had given directions that only a part of the burn should be dressed at a time. This precaution was neglected, and tetanus resulted, probably from the cold air acting on so large a raw surface. Being a large muscular man, the paroxysms were correspondingly strong and violent. Chloroform was administered in large quantities by inhalation at every paroxysm to complete anaesthesia, and opium in full doses. For two days and a half the chloroform seemed to be of benefit and to partially control the spasms; at the end of that time it lost its power. Having heard that horses had been cured of tetanus by driving them into the river, Dr. COX determined to try immersion in this case. The patient was taken by two strong negro men to the adjoining river and plunged in, then taken back and wrapped up in bed, perspiration being promoted. The paroxysms were evidently modified, and their violence diminished. This practice was continued three or four times a day for several days, during which the disease gradually subsided, and the man recovered. Dr. COX stated that the good effects of every emersion were unmistakably apparent. He attributed the good effect of the cold douche to its sedative action on the spinal system of nerves. Dr. COX made some remarks on trismus neonatorum, stating that sometimes it assumed an epidemic form in India. He adverted to the proposed method of cure by laying the child on its side in order to avoid pressure upon the occipital bone.—*Druggists' Circular.*

### OBITUARY.

Dr. S. P. HILDRETH died of Enteric Fever, resulting in Hemiplegia at Marietta, Ohio, July 24th, 1863, after an illness of three weeks. He was about eighty years of age, and had resided in Ohio about fifty-seven years.

Dr. HILDRETH was born at Methuen, Mass., Sept. 30th, 1783, and studied medicine at Andover with Dr. THOS. KITTREDGE. He began the practice of medicine in Hampstead, a small inland town of New Hampshire, in 1805, when less than twenty-two years of age. September 9th, 1806, he, being then twenty-three years old, started on horseback for Marietta, Ohio, arriving there on the 4th of the following month. In August, 1807, he was married to Miss RHODE COOK, of Belpre, Ohio, who still survives him. Dr. HILDRETH did not formally lay aside the practice of his profession until last April, after fifty-seven years of laborious practice.

*Scientific and Historical Labors—His Publications.*—Abroad Dr. HILDRETH was known, and well known for his scientific labors, for his various publications in medicine and several scientific subjects, and in local biography and history. Among his publications were, in 1808, a history of the Epidemic of the year 1807; in 1812, a description of the American Colombo, with a drawing of the plant; in 1822, an article on Hydrophobia, and another on a curious case of Siamese twins, in his practice—all of these in the *New York Medical Repository*. In 1824, in the *Philadelphia Journal of Medical Science*, a full history of the Great Epidemic Fever that visited the Ohio

Valley and Marietta in 1822 and 1823; and in 1825, in the *Western Journal of Medicine*, Cincinnati, an account of the minor diseases of the epidemic. In 1826, he published in *Sullivan's Journal of Science*, New Haven, a series of articles on the Natural and Civil History of Washington county. From that time until his death, nearly forty years, he was a contributor to the *Journal*—such articles as descriptions and drawings of fresh-water shells found in the Muskingum and other streams, several upon geological subjects, touching upon the geology of South-Eastern Ohio, the salt-bearing rock, the history of salt manufacture from the first settlement of Ohio, the coal formation, etc. "The Diary of a Naturalist," on the Seventeen-year Locust in 1829, again in 1846, and from 1826 to the present time, a journal of the weather, amount of rain, flowering of plants, ripening of fruits, &c., for each year.

In 1837, Dr. HILDRETH was one of the Assistant Geologists upon the State Geological Survey, and the report of his labors was published by the State, in connection with the reports of other geologists upon the survey.

In 1839, he was President of the Medical Society of Ohio, and delivered the annual address at Cleveland, a history of the diseases and climate of South-Eastern Ohio from its first settlement, which was printed by the Society. In the same year, he published a *History of the Settlement of Belville, Western Virginia*, contained in several numbers of the *Hesperian*, a magazine then published at Cincinnati, by WILLIAM D. GALLAGHER and the late ORWAY CURRY. In 1842 and 1843, he contributed many valuable articles to the *American Pioneer*, then published monthly at Cincinnati, by Col. JOHN S. WILLIAMS. In 1848, was published his "Pioneer History," an octavo volume of 525 pages, "an account of the first examinations of the Ohio Valley, and early settlement of the Northwest Territory." His volume, octavo, 539 pages, "Lives of the Early Settlers of Ohio," followed in 1852.

*His Cabinet.*—In 1839, Dr. HILDRETH began in earnest the collection of a Cabinet of Natural History, from the fossils, insects, shells and plants of Ohio, and by exchanges of these, acquired minerals, insects, marine shells, &c., from other quarters. In a few years he had four thousand specimens in natural history, arranged in cases and drawers, labeled, numbered and entered in a catalogue—with many curious relics from the "ancient mounds." In 1851, he donated to Marietta College his cabinet, together with his scientific library, and various volumes, that are rare, upon the early history of the West. They occupy a room in one of the College Buildings—known as the "Hildreth Cabinet." This donation made Dr. HILDRETH one of four or five of the largest benefactors of the College.

For most of the above facts we are indebted to an obituary notice of Dr. HILDRETH in the *Register* published at Marietta, Ohio.

#### MARRIED.

GOODE—GUTHRIE.—In Shelby county, Ky., July 30th, by Elder T. M. Allen, Dr. Robert H. Goode, of Vandalia, Ill., and Miss Virginia A., daughter of R. Guthrie, Esq., of Shelby Co.

HOUSE—VERVALLEN.—At Haverstraw, N. Y., July 14th, by Rev. A. S. Freeman, Henry H. House, M. D., of Englewood, N. J., and Elizabeth Permelia, daughter of Richard A. Vervallen, Esq., of Haverstraw, N. Y.

NEWCOMB—HASSELER.—At Washington, D. C., on the 4th inst., by the Rev. P. D. Gurley, Prof. S. Newcomb, U. S. Navy, and Mary C., daughter of the late Surgeon Chas. A. Hassler, U. S. Army.

#### DIED.

BELL.—At Mount Clemens, Macomb County, Michigan, of phthisis pulmonalis, Dr. H. W. Bell, in the 60th year of his age.

GUNN.—At Hospital of Second Division, Third Army Corps, near Potomac Creek, Va., June 2d, of enteric fever, Assistant Surgeon Neil K. Gunn, First Massachusetts Volunteer Infantry, First Brigade, Second Division, Third Army Corps.

Dr. GUNN was a native of Nova Scotia, a graduate of Harvard at its last commencement and had been on duty with his regiment but about six weeks. He was buried with imposing military ceremonies, his funeral being attended by the Medical Staff of the Division and many other officers.

HOLMES.—In camp near Germantown, Fauquier County, Va., on the 23d of June last, of diphtheria, after an illness of only six days, Dr. Freeland S. Holmes, Surgeon of the Sixth Regiment Maine Volunteers, of Foxcroft, Me.

JACKSON.—On the 4th inst., at Providence Hospital, in care of Sisters of Charity, Washington City, D. C., of typhoid fever, contracted on the battle-field at Gettysburg, Dr. E. Owen Jackson, Assistant Surgeon Second Regiment P. R. V. C., aged 26 years, son of E. O. Jackson, of this city.

WILCOX.—On the 28th of July, T. Hamlin Wilcox, Esq., son of Col. James M. Wilcox, of Virginia, and grandson of John F. Lamb, M. D., of Frankford, Philadelphia.

#### METEOROLOGY.

July, Aug.	27,	28,	29,	30,	31,	1,	2,
Wind.....	S. W.						
Weather....	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy.	Clear.
Depth Rain...	4-10	2-10			3-10		
<i>Thermometer</i>							
Minimum.....	78°	67°	68°	69°	70°	70°	75°
At 8 A. M. ....	82	77	77	76	75	78	83
At 12 M. ....	82	85	79	82	82	87	89
At 3 P. M. ....	76	86	80	78	83	89	91
Mean.....	79.5	78.7	76	76.2	77.5	81	84.5
<i>Barometer.</i>							
At 12 M. ....	30	30.2	30.2	30.2	30.1	30.2	30.2

Germantown, Pa.

B. J. LEEDOM.

VITAL STATISTICS.	Philadelphia.		New York.		Boston.		Boston.	
	Week ending Aug. 1.	Week ending July 27.	Week ending Aug. 3.	Week ending July 20.	Week ending Aug. 1.	Week ending July 20.	Week ending Aug. 1.	Week ending July 20.
Population in 1860.	563,529	805,651	805,651	177,812	177,812	177,812	177,812	177,812
<i>Mortality.</i>								
Male.....	230	393	37	50	50	68	68	68
Female.....	193	291	349	37	37	57	57	57
Adults.....	154	222	192	...	...	...	...	...
Under 15 years.....	272	...	519	...	...	...	...	...
Under 2 years.....	229	...	419	...	...	...	...	...
Total.....	443	684	722	87	87	123	123	123
Deaths in 100,000.....	75.43	84.90	89.61	48.92	48.92	70.29	70.29	70.29
American.....	332	513	555	58	58	56	56	56
Foreign.....	55	171	167	29	29	29	29	29
Negro.....	27	17	12	...	...	...	...	...
<i>Zymotic Diseases.</i>								
Cholera, Asiatic.....	...	...	1	...	...	1	...	1
Cholera Infantum.....	103	170	189	17	17	30	30	30
Cholera Morbus.....	1	...	12	1	1	...	...	...
Croup.....	2	3	4	4	4	3	3	3
Diarrhea.....	12	32	37	3	3	3	3	3
Diphtheria.....	11	8	11	2	2	2	2	2
Dysentery.....	11	7	16	4	4	7	7	7
Erysipelas.....	2	...	...	...	...	...	...	...
Fever, Intermittent.....	...	...	...	...	...	...	...	...
Fever, Remittent.....	...	...	...	...	...	...	...	...
Fever, Scarlet.....	2	15	18	1	1	1	1	1
Fever, Typhoid.....	8	15	12	2	2	2	2	2
Fever, Typhus.....	...	15	12	1	1	1	1	1
Fever, Yellow.....	...	...	...	...	...	...	...	...
Hooping-cough.....	...	1	...	...	...	...	...	...
Influenza.....	...	...	...	...	...	...	...	...
Measles.....	2	10	3	...	...	...	...	...
Small Pox.....	...	2	2	...	...	...	...	...
Syphilis.....	...	...	5	...	...	...	...	...
Thrush.....	...	...	...	...	...	...	...	...
<i>Spurious Diseases</i>								
Albinism.....	...	...	8	...	...	...	...	...
Apoplex.....	4	8	6	...	...	...	...	...
Consumption.....	35	60	60	13	13	18	18	18
Convulsions.....	30	55	54	2	2	2	2	2
Dropsy.....	18	19	32	4	4	2	2	2
Gun-shot Wounds.....	31	...	...	2	2	2	2	2
Intemperance.....	8	...	7	2	2	2	2	2
Masasmus.....	18	39	59	3	3	4	4	4
Pleurisy.....	...	...	...	...	...	...	...	...
Pneumonia.....	8	...	19	1	1	1	1	1
Puerperal Fever.....	...	...	...	2	2	2	2	2
Serofula.....	4	...	...	2	2	1	1	1
Violence and Acc'ts.....	11	72	33	5	5	8	8	8

#### TO CORRESPONDENTS.

For the information of those who are not authors, we will state that **MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET.** If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.

#### BACK NUMBERS.

Subscribers desiring old back numbers (excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent) will please remember and send money to pay for them and for postage, as many of the numbers are growing scarce, and we have to prepay the postage, two cents a number.